Name of Person Filing Docum		
Your Address: Your City, State, Zip Code:		
Your Telephone Number:		y for
Representing L Self (Withou	t a lawyer) or ∟ Attorne	y for
	SUPERIOR COUL MARICOPA	
In the Matter of the Estate of		Case No.: PB
		LETTERS OF APPOINTMENT OF
an Adult OR a Minor, deceased		PERSONAL REPRESENTATIVE AND ACCEPTANCE OF APPOINTMENT AS PERSONAL REPRESENTATIVE
LETTERS OF PERSONA	L REPRESENTATIV	E
without restriction except as folk		s appointed as Personal Representative of this Estate
WITNESS:	(date)	Michael Jeanes
		Clerk of the Superior Court
		Ву
		Deputy Clerk
ACCEPTANCE OF APPO	DINTMENT	
STATE OF ARIZONA ) MARICOPA COUNTY )ss.		
I accept the duties of Personal R solemnly swear that I will perform		of the above-named person who has died and do epresentative according to law.
DATED:		
_: <u></u> .		Signature of Personal Representative
Subscribed and sworn to before	me this day of	, by
Cassonia and Sworn to belore	uno uuy oi	
My Commission Expires:		
wy Commission Explics.		Deputy Clerk/Notary Public